

# **FINANCIAL AFFIDAVIT INFORMATION SHEET**

TO: PERSONS SEEKING COURT APPOINTED ATTORNEY

Madison County will appoint an Attorney to represent you only if you qualify and are financially incapable of hiring your own attorney. Madison County has no obligation to appoint an attorney if there is no possibility of a jail sentence or other detention if convicted.

Pursuant to Montana State Law (MCA 346-8-111) any defendant who requests court appointed counsel **must** submit a sworn Affidavit of Financial Status for eligibility to be determined.

By signing the attached application, you are swearing the contents to be true to the best of your knowledge and belief. **Any intentional misstatement on the sworn application may be cause for your being prosecuted for perjury.**

If you are in the custody of the Madison County Detention Center and wish to obtain court-appointed counsel, you must fill out and sign the attached application and return it to the Detention Officer.

If you are no longer in the custody of the Madison County Detention Center, return the Application and Financial Affidavit within 24 hours to Madison County Justice Court.

If a particular question on the application does not apply to you or your situation, place the letters "N/A" in the appropriate section.

In order to avoid unnecessary delays in the appointment process, you must complete each section of this form in detail.

**If an Attorney is Appointed to represent you and are convicted, you may be required to reimburse the State of Montana for fees paid to the Attorney as part of the judgment of conviction. (MCA 346-8-113)**

**\*NOTE if an attorney is appointed to your case and if you are convicted, this appointment ends upon sentencing and the filing of an appeal.**

RETURN COMPLETED FORM TO:

***MADISON COUNTY JUSTICE COURT  
PO Box 277  
Virginia City, MT 59755  
Phone (406) 843-4237 - Fax (406) 843-4219***

**STATE OF MONTANA  
OFFICE OF THE STATE PUBLIC DEFENDER**

**INDIGENCY QUESTIONNAIRE**

I have been charged with a criminal offense and the office of the State Public Defender has been appointed to represent me. The Crime (s) I have been charged with is:

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CoDefendants:

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I am free to hire a private attorney at any time at my own expense. However, I believe I am unable to afford an attorney.

I understand that in order for my appointed attorney to continue representing me, that representation will be based on the information in this questionnaire. The Regional Deputy Public Defender will make a decision whether I am eligible for continued representation.

**Personal Information:**

1. Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Message Phone \_\_\_\_\_
4. Marital Status: Married: \_\_\_\_\_ Single: \_\_\_\_\_ Divorced: \_\_\_\_\_
5. Dependants: Spouse: \_\_\_\_\_ Number of Children: \_\_\_\_\_ Other (specify) \_\_\_\_\_

**Employment Information:**

1. Are you Employed: \_\_\_\_\_ Self Employed: \_\_\_\_\_
2. Employer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
4. Gross Monthly Income: \_\_\_\_\_ Net Monthly Income: \_\_\_\_\_
5. If unemployed month and year you were last employed? \_\_\_\_\_  
Where: \_\_\_\_\_
6. Any other income? \_\_\_\_\_ (Specify) Monthly \$ \_\_\_\_\_  
(income from all other sources including, support payments, alimony, interest, rent income, social security, disability, public assistance, etc)

**Spouse's Information:**

1. Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_
2. Employer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
4. Gross Monthly Income: \_\_\_\_\_ Net Monthly Income: \_\_\_\_\_
5. Does Spouse have any other income? \_\_\_\_\_ (Specify) Monthly \$ \_\_\_\_\_  
(income from all other sources including, support payments, alimony, interest, rent income, social security, disability, public assistance, etc)

**Other Household Members:**

1. Name: \_\_\_\_\_ D.O.B \_\_\_\_\_
2. Employer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_
4. Gross Monthly Income: \_\_\_\_\_ Net Monthly Income: \_\_\_\_\_

**“gross household income” as defined in Section 1530171 MCA, means all income received by all individuals of a household while they are members of the household.**

**Household Assets and Debts:**

**1. Do you own car(s)? Yes \_\_\_\_\_ No \_\_\_\_\_**

a. Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Is it paid for? Yes \_\_\_ No \_\_\_ If not how much do you owe \$ \_\_\_\_\_

b. Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Is it paid for? Yes \_\_\_ No \_\_\_ If not how much do you owe \$ \_\_\_\_\_

c. Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Is it paid for? Yes \_\_\_ No \_\_\_ If not how much do you owe \$ \_\_\_\_\_

**2 . Do you own any land or other real estate, or are you buying any? Yes \_\_\_\_\_ No \_\_\_\_\_**

What is the approximate value? \$ \_\_\_\_\_ How Much did you pay for it? \_\_\_\_\_ If not paid for, how much do you owe? \_\_\_\_\_

**3. Do you have any:**

Cash or Savings:

Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \$ \_\_\_\_\_ Bank \_\_\_\_\_

Checking Account:

Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \$ \_\_\_\_\_ Bank \_\_\_\_\_

Stocks or bonds:

Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \$ \_\_\_\_\_ Value \$ \_\_\_\_\_

Other Property:

Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \$ \_\_\_\_\_ Value \$ \_\_\_\_\_

(trailer, boat, camper, cycle, atv, guns, tools, colletctions, etc.)

## VERIFICATION

Under penalty of perjury, I declare that I have examined the above information given by me and to the best of my knowledge and belief, each answer is true and correct. I believe I lack sufficient funds to hire a private lawyer to represent me.

Dated \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Signature of Applicant

STATE OF MONTANA

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SS

COUNTY OF \_\_\_\_\_ )

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Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

(SEAL)

Notary Public for the State of Montana

Residing at \_\_\_\_\_ Montana

My Commission Expires\_\_\_\_\_

**FOR REGIONAL OFFICE USE ONLY:**

Other Information: